Shared Decision Making Learnings and Recommendations

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Key Project Learning

1. Leaders, providers, and staff believe SDM is the right thing to do.

Virtually no one disagrees with the fundamental idea behind SDM: that providers and patients should communicate and work together to arrive at treatment decisions. Hospital leaders believe SDM is the right thing to do, but often face conflict in prioritizing an activity that may decrease reimbursement in a fee-for-service. Providers and staff believe SDM is the right thing to do, but implementation efforts may lag because of inertia (introducing new work habits is difficult) and competing priorities.

2. Support from the top is necessary but not sufficient.

Support from hospital leadership can help raise awareness of SDM and the availability of DAs throughout the organization. Leaders play a critical role in determining whether integration of SDM will be an organizational goal or a secondary activity that falls behind competing initiatives. Having engaged leaders is necessary but not sufficient; proper support for providers and staff who practice SDM and distribute DAs is also critical because actual implementation occurs at the individual level at the point of care.

3. Many factors affect the rate and success of implementation.

Site characteristics such as patient volume, the availability of resources (staff, time, and funding), and the sophistication of the health IT system affect the rate and success of implementation. Organization characteristics, including culture and values, leadership support, and competing initiatives, also affect implementation. Lastly, the type of condition and its clinical course can play a role in the implementation process.

4. Changing day-to-day behaviors is a difficult task.

The adoption of any new activity is challenging, especially in busy clinics with high patient volumes. Old habits are hard to break, so continued enthusiasm and commitment by SDM champions at all levels is essential to instilling new habits around the SDM process. Creative reminders help providers and staff remember to identify SDM-eligible patients and distribute DAs. Regular evaluation of the effectiveness of various reminder methods is critical to successful implementation. Additionally, shifting from a volume-based to value-based payment system may facilitate SDM adoption.

Recommendations for Implementers

1. Engage the entire organization.

Engage the entire organization by integrating SDM into organizational goals and frameworks. Sites tend to be more successful when SDM is embedded in organizational goals and aligned with strategic efforts. When SDM is a formal goal with performance metrics, it will take priority over competing activities that are not associated with organizational goals. Many sites are already involved in patient satisfaction, quality improvement, and cost reduction initiatives, so it is appropriate to align SDM with those efforts. Launching a marketing campaign can engage the organization as a whole. Work with the in-house public affairs department to create a brand and tagline, produce promotional items, and coordinate organization-wide contests and activities.

2. Work closely with clinical teams.

Work with each clinical team to provide education sessions and arrange for DA viewing opportunities for all providers and staff. It is important to address misconceptions about SDM; many providers believe they are already practicing SDM and that their only role in SDM is to hand out the DA. Ease fears that implementation will be a substantial burden on the team and regular work flow. Commit to offering ongoing support and feedback, and meet with the team on a regular basis to discuss problems and jointly reach solutions. Additionally, provide frequent feedback from patient surveys to remind and motivate the clinical staff.

3. Design work flow process maps.

Work with the team to design or revise work flow process maps. Change is easier when team members know their roles and responsibilities. Periodically return to and refine the process map, especially if the process is not working smoothly.

4. Promote SDM directly to patients.

Patients have a right to equal participation in their treatment decisions. Rather than relying on providers to initiate SDM conversations, patients can be proactive in the process. Advertise SDM directly to patients by putting up posters and flyers, placing sample DAs in exam rooms, and mailing newsletters to patients. When possible, engage patients with “warm hand-off” and a clear explanation of SDM and DAs.

5. Support legislation that facilitates SDM adoption and implementation.

Washington was the first state to pass legislation supporting the use of SDM and DAs for preference-sensitive treatment decisions. The state legislature recently passed HB 1311, which establishes a public-private collaborative to identify evidence-based strategies to improve quality and reduce variation in the use of services, and DAs are a proposed strategy. Nationally, the Patient Protection and Affordable Care Act has three sections promoting SDM (§ 931, 936, and 3021). Continued legislative efforts will help propel SDM into everyday practice.